

For BPD or FRB use only:  
Case File Name

Case ID No.

PD F 1048 E  
Department of the Treasury  
Bureau of the Public Debt  
(Revised February 2000)

**CLAIM FOR LOST, STOLEN OR DESTROYED  
UNITED STATES SAVINGS BONDS**

OMB No. 1535-0013

**IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious or fraudulent claim or statement to the United States is a crime punishable by imprisonment of not more than five years or a fine up to \$250,000, or both, under 18 U.S. C. 287, 18 U.S.C. 1001, and 18 U.S.C. 3571. Additionally, 31 U.S.C. 3729 provides for civil penalties for the maker of a false or fraudulent claim to the United States of an amount not less than \$5,000 and not more than \$10,000, plus treble the amount of the Government's damages as an additional sanction.**

PRINT IN INK OR TYPE ALL INFORMATION

**"Bonds" refers to savings bonds, savings notes, retirement plan bonds and individual retirement bonds.**

Complete this form if you are named on the bonds (or are an authorized representative).

Mail the completed form to Bureau of the Public Debt, Division of Transactions and Rulings, Parkersburg, WV 26106-1328.

**1. Describe the bonds in the spaces below. If you don't know the bond numbers, please provide as much information as possible.**

ISSUE DATE (If you don't know the exact date, furnish a range of issue dates.)	FACE AMOUNT	BOND NUMBER	INSCRIPTION (Social security number, names, including middle names or initials, and addresses on the bonds)

*(If you need more space to describe your bonds, use a continuation sheet and attach it to the form.)*

**2. Were the bonds:**

- Lost? Yes ☐ No ☐
- Stolen? Yes ☐ No ☐

Date of theft: \_\_\_\_\_

Was a police report filed? Yes ☐ No ☐ *If yes, attach a copy of the report.*

- Destroyed? Yes ☐ No ☐ *Send any remaining pieces with this form.*

- When was the loss discovered? \_\_\_\_\_
- Who had the bonds last, and why? \_\_\_\_\_
- Who had access to the bonds? \_\_\_\_\_
- Where were the bonds last placed? \_\_\_\_\_
- When were they last seen? \_\_\_\_\_
- Were any identification documents also lost or stolen? Yes ☐ No ☐

If **YES**, please list them. \_\_\_\_\_

- Have you received reimbursement because of the loss? Yes ☐ No ☐

Please explain, including details of any court proceedings pending or contemplated.  
\_\_\_\_\_

- If you are not the registered owner, in what capacity are you acting? \_\_\_\_\_

**3. If you have been appointed legal representative: (See *Legal Representative under Specific Instructions.*)**

- What is your legal capacity? \_\_\_\_\_
- Are you court appointed? Yes ☐ No ☐

**4. If a minor is named on the bonds:** *(See **Minors** under Specific Instructions.)*

- What is the minor's

Age? \_\_\_\_\_

Social Security Number? \_\_\_\_\_

- What is your relationship to the minor? \_\_\_\_\_

- Does the minor live with you? Yes ☐ No ☐

If **NO**, with whom? \_\_\_\_\_  
(Name & address) (Relationship to Minor)

Who provides the minor's chief support? \_\_\_\_\_  
(Name & address)

- If either parent is unable to sign, answer the following:

Why are you unable to obtain the signature? \_\_\_\_\_

Did that parent have access to the bonds? \_\_\_\_\_

Could that parent have possession of the bonds? \_\_\_\_\_

**5. Do you want substitute bonds or a check?** Bonds ☐ Check ☐

**Name in which check is to be drawn:** \_\_\_\_\_

*(If bonds are in coownership form, see **Item 5** under Specific Instructions.)*

**6. Mail bonds or check to:** Name \_\_\_\_\_

Address \_\_\_\_\_  
(Number and Street or Rural Route) (City) (State) (ZIP Code)

**7.** We severally petition the Secretary of the Treasury for relief as authorized by law, and if relief is granted, acknowledge that the original bonds become the property of the United States. Upon the granting of relief, we assign all our right, title and interest in the original bonds to the United States and bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally: (1) to surrender the original bonds to the Department of the Treasury if they are recovered; (2) to hold the United States harmless due to any claim by any other parties having, or claiming to have, interests in these bonds; and, (3) upon demand by the Department of the Treasury, to indemnify unconditionally the United States and to repay to the Department of the Treasury all sums of money which the Department may pay due to the redemption of these original bonds, including any interest, administrative costs and penalties and any other liability or losses incurred as a result of the redemption. We consent to the release of any information contained in this form or regarding the bonds described to any party having an ownership or entitlement interest in these bonds.

We certify under penalty of perjury and severally affirm and say that the bonds described on this form have been lost, stolen or destroyed and that the information given is true to the best of our knowledge and belief.

***Sign the form in ink in the presence of an authorized certifying officer.***

**Name** \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

**Home Address** \_\_\_\_\_

\_\_\_\_\_  
(Number and Street or Rural Route)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP Code)

\_\_\_\_\_  
(Daytime Telephone Number)

**Name** \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

**Home Address** \_\_\_\_\_

\_\_\_\_\_  
(Number and Street or Rural Route)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP Code)

\_\_\_\_\_  
(Daytime Telephone Number)

**Name** \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

**Home Address** \_\_\_\_\_

\_\_\_\_\_  
(Number and Street or Rural Route)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP Code)

\_\_\_\_\_  
(Daytime Telephone Number)



## Completing the PD F 1048 "At a Glance"

### If:

bonds are in your name alone \_\_\_\_\_ complete Items 1, 2, 5, 6, & 7  
bonds are in your name with a beneficiary (POD) \_\_\_\_\_ complete Items 1, 2, 5, 6, & 7 (and Item 4 if a minor is named)  
bonds are in your name with a coowner (OR) \_\_\_\_\_ both must complete Items 1, 2, 5, 6, & 7 (and Item 4 if a minor is named)  
you are the beneficiary \_\_\_\_\_ sign the form in Item 7  
someone named on the bonds is deceased \_\_\_\_\_ submit a certified copy of the death certificate  
the owner of the bonds is deceased \_\_\_\_\_ the beneficiary must complete Items 1, 2, 5, 6, & 7  
you are the legal representative \_\_\_\_\_ complete Items I through 7 (*See Legal Representative.*)  
someone named on the bonds is a minor \_\_\_\_\_ complete Items I through 7 (*See Minors.*)  
both coowners cannot sign the same form \_\_\_\_\_ each must complete separate forms. Items 6 & 7 must agree.

### Do this:

## Specific Instructions

**Item 1.** Describe the lost bonds.

**Item 2.** Provide complete details about the loss of your bonds.

**Item 3.** Provide information requested if you have been appointed legal representative. (*See Legal Representative.*)

**Item 4.** Complete if a minor is named on the bonds. (*See Minors.*)

**Item 5.** Indicate if you want substitute bonds or a check. If you select "check" and the bonds are in the names of living coowners, provide the name of the coowner to whom the check should be issued. Otherwise, if both coowners sign the form, the check will be issued to both coowners and interest will be reported under the first-named coowner's social security number.

**Item 6.** Provide mailing instructions.

**Item 7.** Sign the form. (*See Certification to Form.*)

### Legal Representative

• If you were appointed as legal representative because:

- the owner is deceased (with no surviving coowner or beneficiary named on the bonds), or
- the owner or coowner is a minor, or
- the owner or coowner is incapacitated

complete the form and submit a court certificate or certified copy of your letters of appointment, under court seal, showing the appointment is still in full force.

- If your name and official capacity are in the registration of the bonds, evidence of your appointment is **not** necessary.
- If no legal representative is appointed for a deceased or incompetent owner, advise the Bureau of the Public Debt and additional instructions will be provided.

### Minors

- Provide the minor's social security number. If the minor is of sufficient competency and understanding to comprehend the transaction, the minor must complete the form. If not, the form must be completed by both parents. If the minor does not live with either parent, the form must be completed by the person who furnishes the minor's chief support.

### Someone Else Had the Bonds

- If another person had possession of the bonds or knowledge of the circumstances of the loss, that person must provide a separate statement explaining the circumstances.

### Amount Exceeds \$5,000

- If the amount of the bonds involved in the loss or theft exceeds \$5,000 and an investigation was made by a law enforcement agency or an insurance, transportation, or similar business organization, attach a copy of the report to this form.

### Certification to Form

- Sign the completed form in the presence of an authorized certifying officer, a notary public, or other officer authorized by law to administer oaths. The certifying officer must impress or imprint the seal or stamp which is used when certifying requests for payment. A notary public or similar officer must impress his official seal and show the expiration date of his commission. Authorized certifying officers are available at banking institutions, including credit unions, in the United States, and as provided in Department of the Treasury Circulars, No. 530 and Public Debt Series Nos. 3-80 and 2-98.

### For Bond-Related Inquiries:

- Email: [SavBonds@bpd.treas.gov](mailto:SavBonds@bpd.treas.gov)
- Phone: (304) 480-6112
- Fax: (304) 480-6010
- Mail: Bureau of the Public Debt, Division of Transactions and Rulings, Parkersburg, WV 26106-1328.